

State of Wisconsin Higher Educational Aids Board

P.O. Box 7885 Madison, WI 53707-7885 HEABmail@wi.gov Telephone: (608) 267-2206 Fax: (608) 267-2808 http://heab.wi.gov

2025-2026 Teacher Loan Declarations and Acceptance Form

Name of Studer	nt (Last, Fi	st)	ightarrow				
Social Security Number:							
Date of Birth:				Current Term Credits:			
Enrollment:	🗆 Full-T	ime 🗆	ne 🛛 Half-Time to Full-Time				
Grade Level:	□ 1 st Yea	r / Freshman 🗆 2 nd Year / Sophomore 🗆 3 rd Year / Junior 🗆 4 th Year + / Senior 🗆 Graduate					
Receive Prior WI Loan			NO 🗆 YES, List Year(s):				
Expected Date of Graduation				Month:	Ye	ear:	
Discipline Sought: Select Only One Below*							
Standard Disciplines:			Special Education:		Career and Technology Education:		
English as a Second Language			Cognitive Disabilities		□ Agriculture		
Bilingual Education			Cross Categorical		Business Education		
Foreign Languages			Deaf and Hard of Hearing		Family and Consumer Education		
Mathematics			Early Childhood-Special Education		Marketing Education		
□ Music			Emotional/Behavioral Disorders		Technology Education		
□ Reading			Learning Disabilities				
Sciences			School Speech and Language Disabilities				
Library Media			Visual Disabilities				

*NOTE: Applicants must declare a discipline at loan application. The discipline may be changed by notifying HEAB within 30 days of change.

Total TEL Award (Maximum \$10,000)

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Requirement: Loan Applicant must complete FAFSA.

FAFSA applicant data is imported into HEAB system. This data is matched and compared to data provided on application. Once processed, Financial Aid may request disbursement through HEAB system.

Name of Institution:

Nomination Prepared By:

Financial Aid Officer

I accept this loan and agree to all terms and conditions.

Signature of Loan Holder

Date

Date